



Guardian Scholars Program

Name: _ ID#_
 Address: _
 City: _ State: _ Zip Code: _
 Phone (Home/Cell): _ Email: _
 County of Care: _

Sex: Male Female

Do you prefer to be contacted by email or text? Email Text Both

Ethnic Background: (Please Select All that Apply)

<input type="checkbox"/>	Asian
<input type="checkbox"/>	Black/African American
<input type="checkbox"/>	Filipino
<input type="checkbox"/>	Hispanic/Latino
<input type="checkbox"/>	Native American/Alaskan Native
<input type="checkbox"/>	Pacific Islander
<input type="checkbox"/>	White
<input type="checkbox"/>	Multi-races_
<input type="checkbox"/>	Decline to State

Intended Major/Career Goal: _

First Year Student Continuing Student # of Units Completed_

Have you completed your Financial Aid Application (FAFSA) or Dream Act? _ Yes No

Have you applied for the California Chafee Grant? _ Yes No

Do you receive extended foster care services with AB12? _ Yes _ No _ I Don't Know

Were you involved with Independent Living Program? _ Yes _ No_

If yes, what county?

Plan for housing while attending De Anza College:

Living with family Living with roommate(s) Not yet determined Other

Current Source of Financial Support (Please check all that apply):

County Employment Financial Aid Chafee AB12 Family Other

Please put an "X" next to any areas that might affect you in completing your educational goals:

<input type="checkbox"/>	Need Childcare	<input type="checkbox"/>	Mental Health
<input type="checkbox"/>	No Transportation	<input type="checkbox"/>	History of substance abuse or other addictions
<input type="checkbox"/>	Having Family Problems	<input type="checkbox"/>	Criminal Records
<input type="checkbox"/>	Need assistance getting food	<input type="checkbox"/>	Pregnant or parenting
<input type="checkbox"/>	Need help purchasing books/school supplies	<input type="checkbox"/>	Legal concerns (court date, probation, etc.)
<input type="checkbox"/>	Coping with a violent relationship	<input type="checkbox"/>	Lack of health care coverage
<input type="checkbox"/>	No close family members	<input type="checkbox"/>	Learning disability (IEP in high school)
<input type="checkbox"/>	Others:	<input type="checkbox"/>	None

Please list any organizations, learning communities, clubs, and/or activities you are also involved with at De Anza:

Release of Information:

I authorize the Guardian Scholars Program (GSP) to obtain records of data pertinent to my participation from other campus departments and programs. The GSP staff also has my permission to communicate with other staff, faculty and emergency contact(s) below on my behalf. I understand that I can remove the following emergency contact at any time.

Please provide the names and contact of two emergency contacts (optional):

Name: _ Relationship: _

Phone: _ Email: _

Publicity Release:

I certify that the GSP staff may include my name and/or picture in the following forms and understand I will receive no monetary payment for the reproduction of these photographs:

Publications De Anza College Website Social Media (Facebook, Instagram, & Twitter) All

Sign_

Date_

I authorize the Guardian Scholars Program (GSP) to engage with the county to verify former foster youth status Sign_ Date_

For Office Use Only: Assessments: English Writing_

English Reading_

Math_

Submitted Proof of Wardship_

GSP_

GSP Associate_